

### Learning Objectives

- 1. Learn about the history of the FDC movement and strategies to enhance cross-system collaboration
- Explore FDC outcomes from local and federal grant evaluation studies and learn about FDC best practices that improve child welfare outcomes
- 3. Review practice recommendations supported by the FDC Guidelines and discuss how to use the Guidelines publication at the local and State level

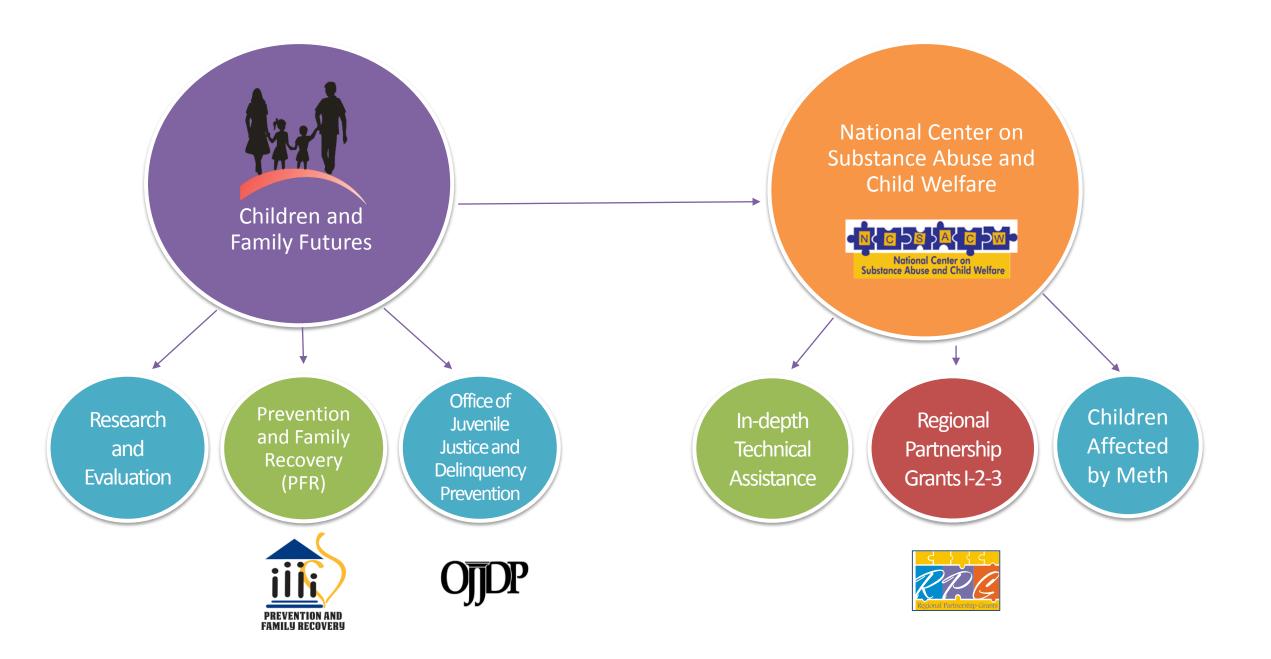


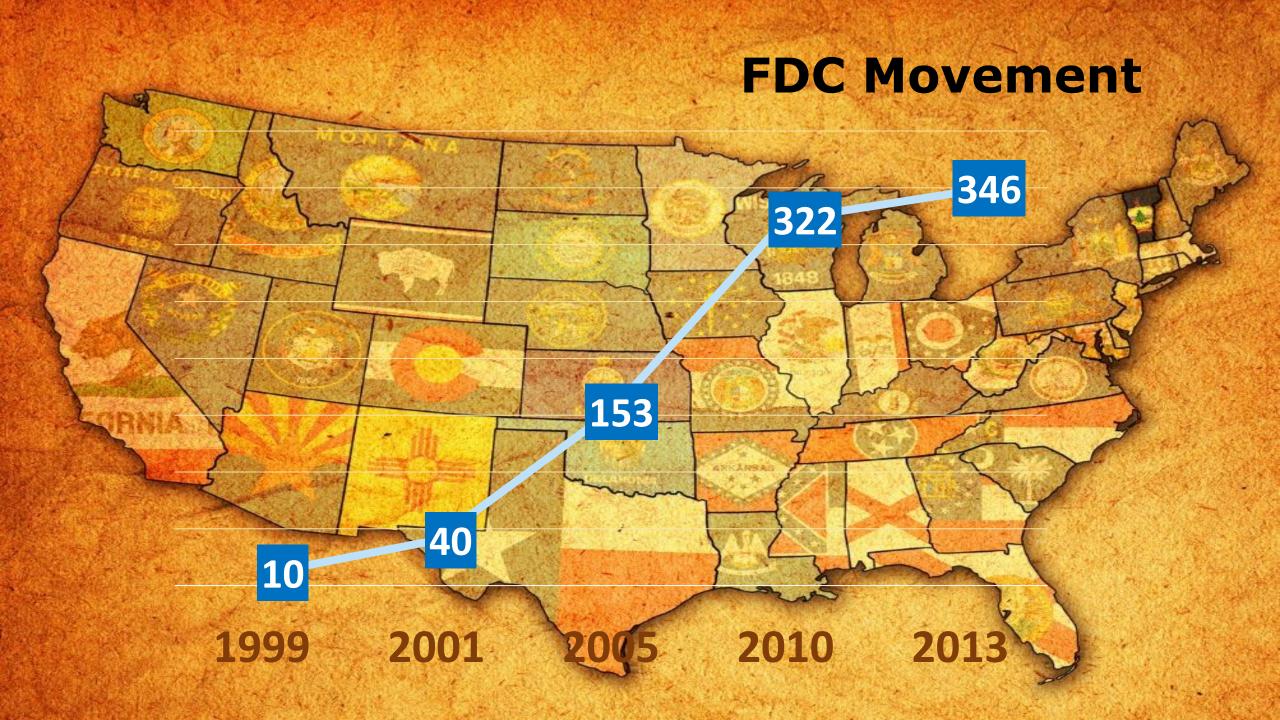
### **Children and Family Futures**

## Our Mission

To improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.







#### Common Ingredients of FDCs

- System of identifying families
- Earlier access to assessment and treatment services
- Increased judicial oversight
- Increased management of recovery services and compliance
- Responses to participant behaviors (sanctions & incentives)
- Collaborative approach across service systems and Court

2002 Process Evaluation



**Common Vision- Extraordinary Effort** 

Court

**Drug Treatment** 

**Child Welfare** 

Systems with multiple:



- Mandates
- Training
- Values

- Timing
- Methods

# WHAT IS SUCCESS IN FDC? KEY OUTCOMES

#### Safety (CWS)

- Reduce re-entry into foster care
- Decrease recurrence of abuse/neglect

# Permanency (Court)

- Reduce time to reunification
- Reduce time to permanency
- Reduce days in care

## Recovery (AOD)

- Increase engagement and retention in treatment
- Increase number of negative UAs
- Increase number of graduates
- Decrease
   Recidivism

## FDC Outcomes



HIGHER TREATMENT COMPLETION RATES

SHORTER TIME
IN FOSTER CARE

HIGHER FAMILY
REUNIFICATION RATES

LOWER TERMINATION
OF PARENTAL RIGHTS

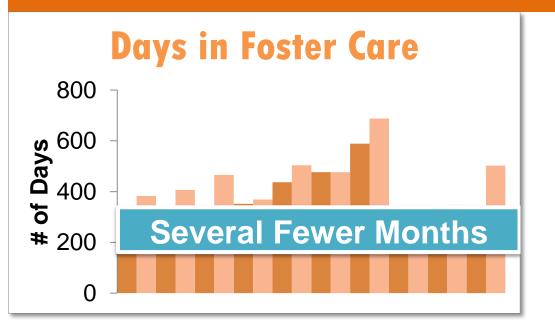
FEWER NEW CPS PETITIONS
AFTER REUNIFICATION

**COST SAVINGS PER FAMILY** 



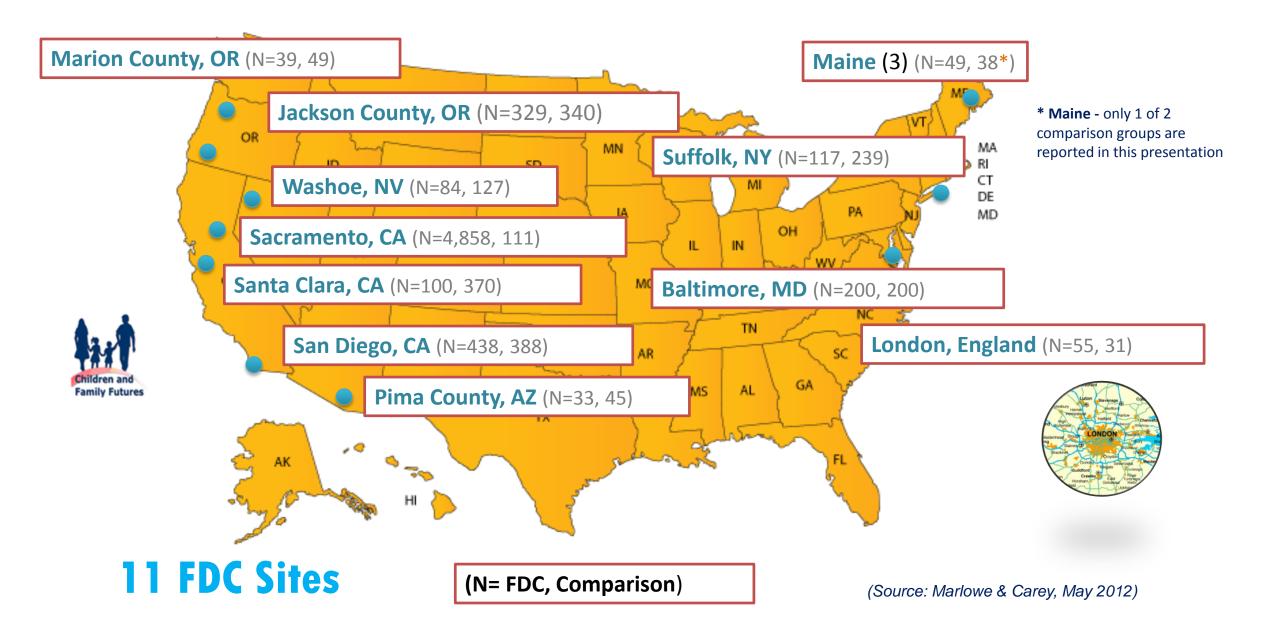


#### **FDC** vs Comparison



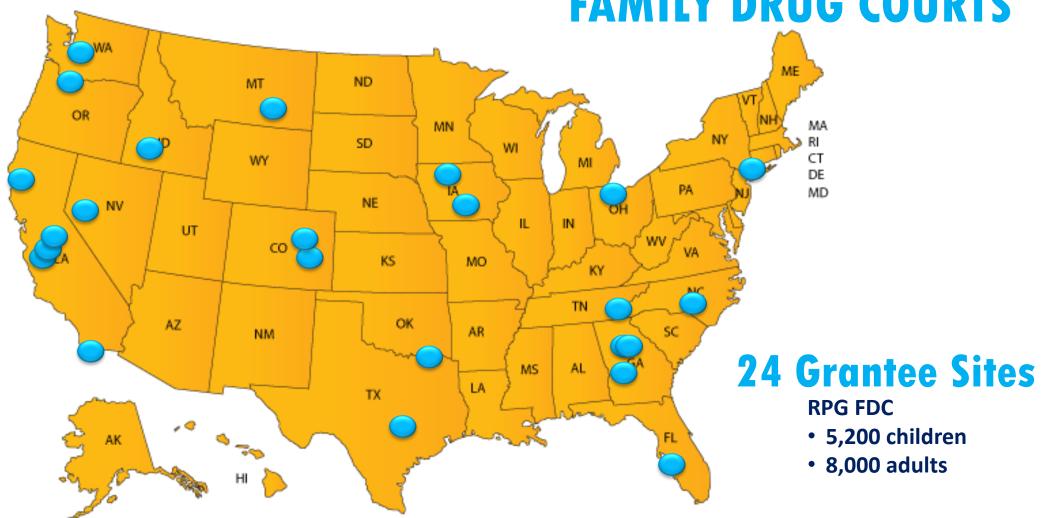


#### **FDC Local Evaluations**



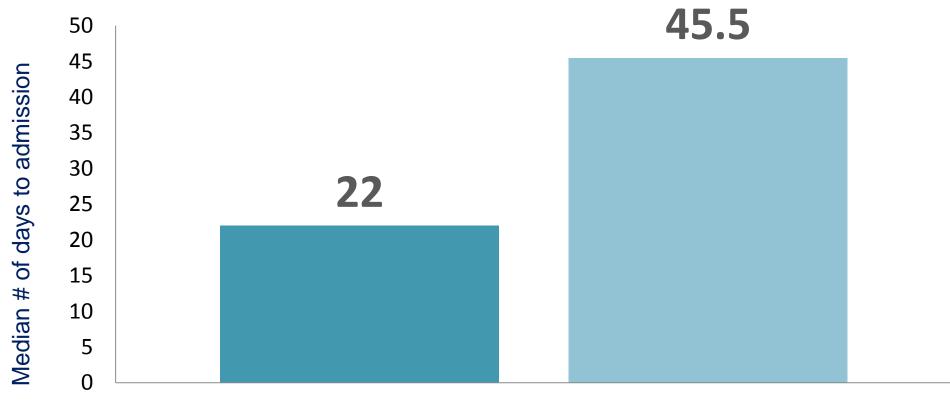


# REGIONAL PARTNERSHIP GRANTS FAMILY DRUG COURTS





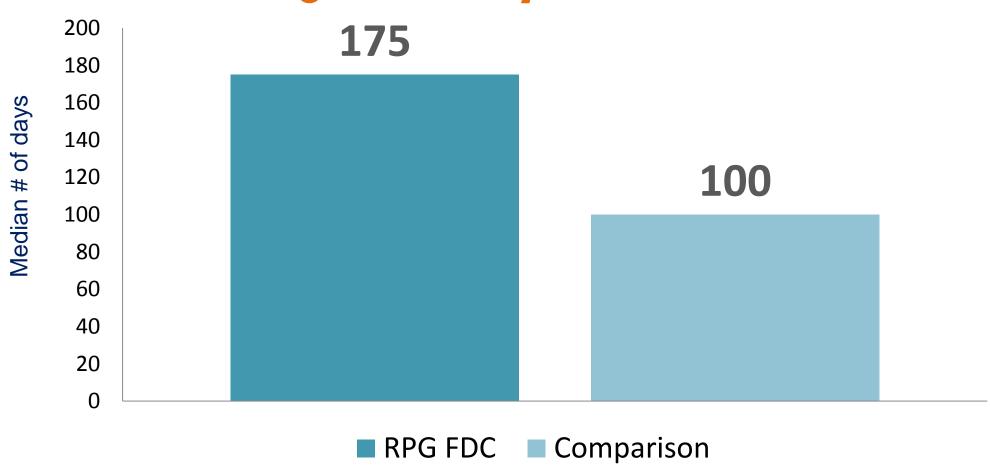
## **Access to Treatment**



■ RPG FDC ■ Comparison

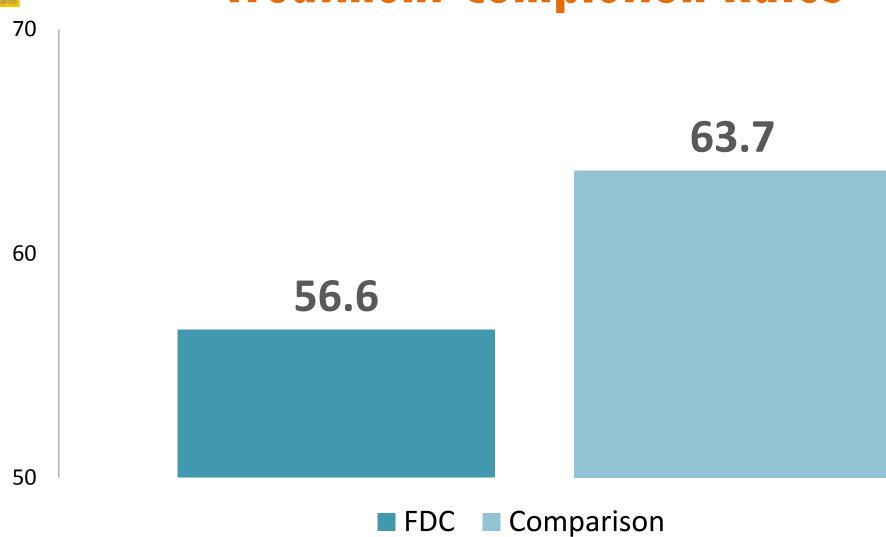


## **Length of Stay in Treatment**



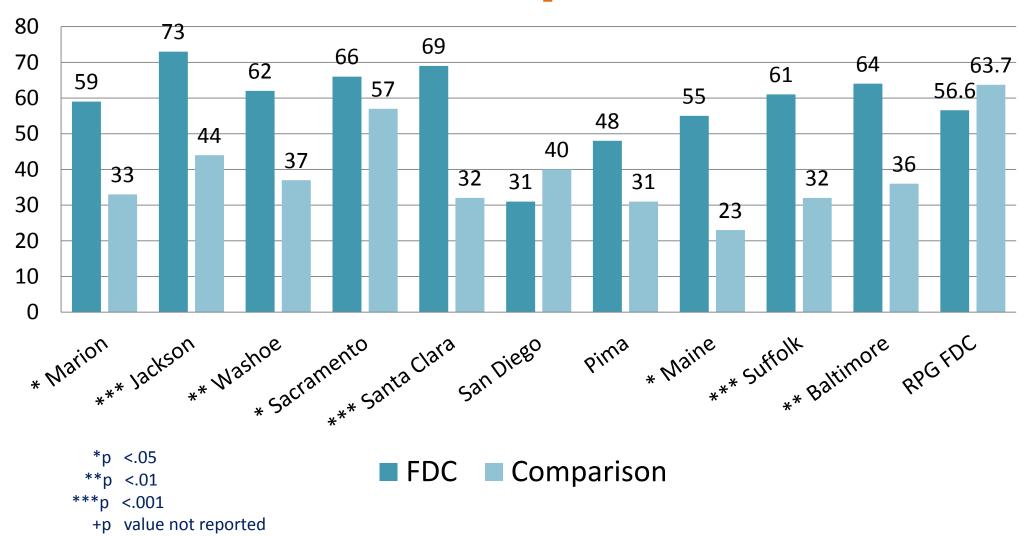


## **Treatment Completion Rates**



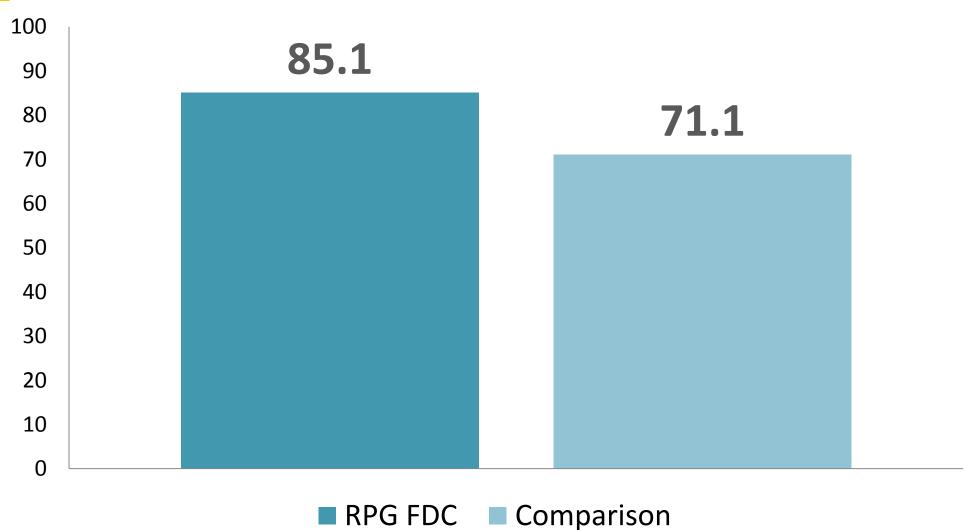


## **Treatment Completion Rates**



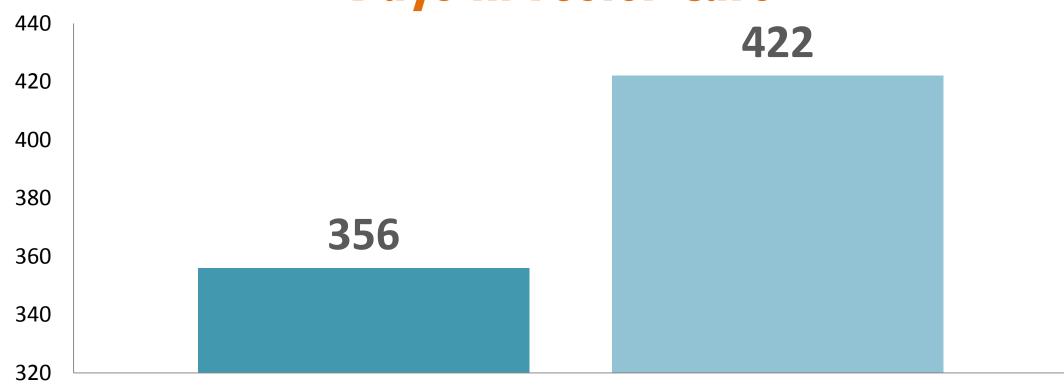


#### **Children Remain Home**



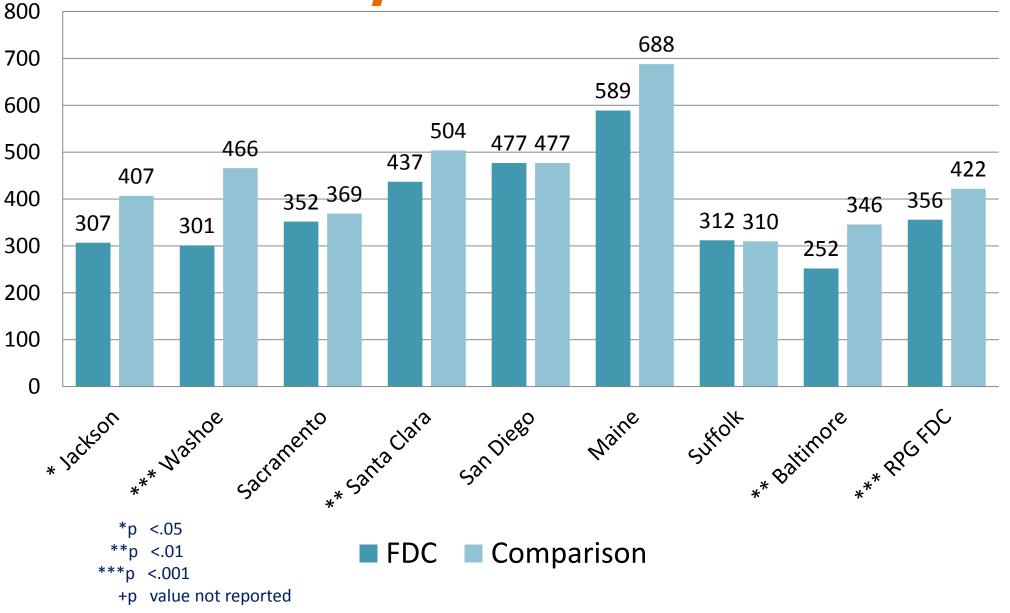


## **Days in Foster Care**



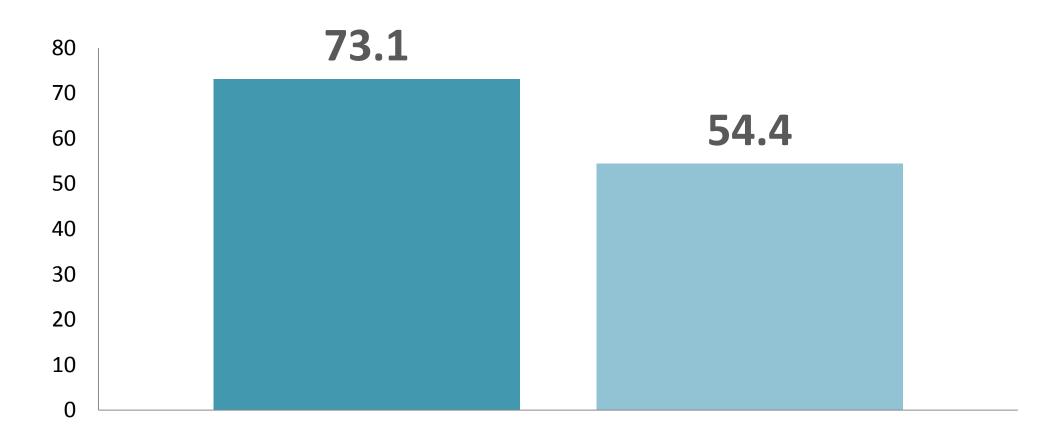
■ FDC ■ Comparison

## **Days in Foster Care**



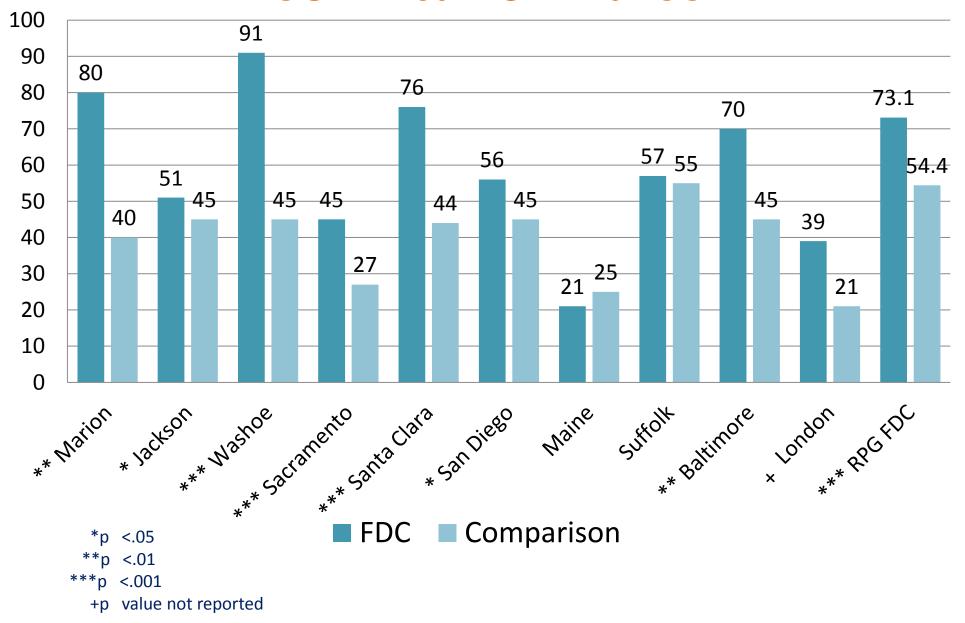


### **Reunification Rates**



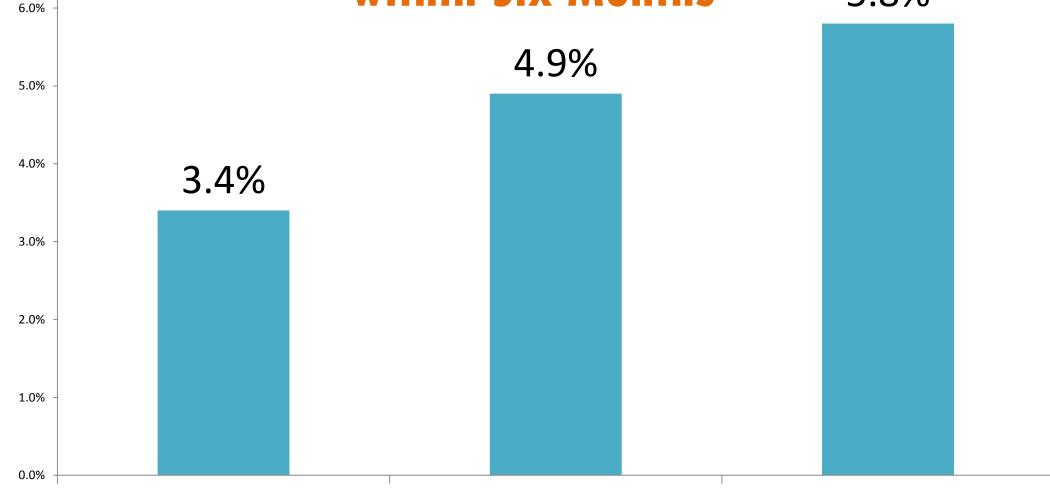
■ FDC ■ Comparison

#### **Reunification Rates**





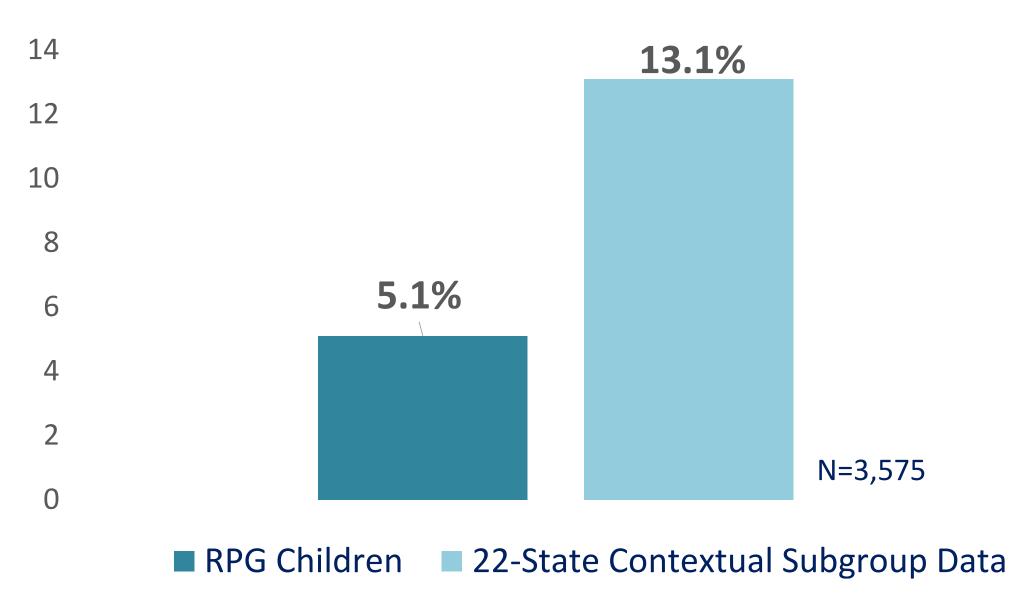
# Recurrence of Child Maltreatment within Six Months 5.8%



RPG Children-No FTDC

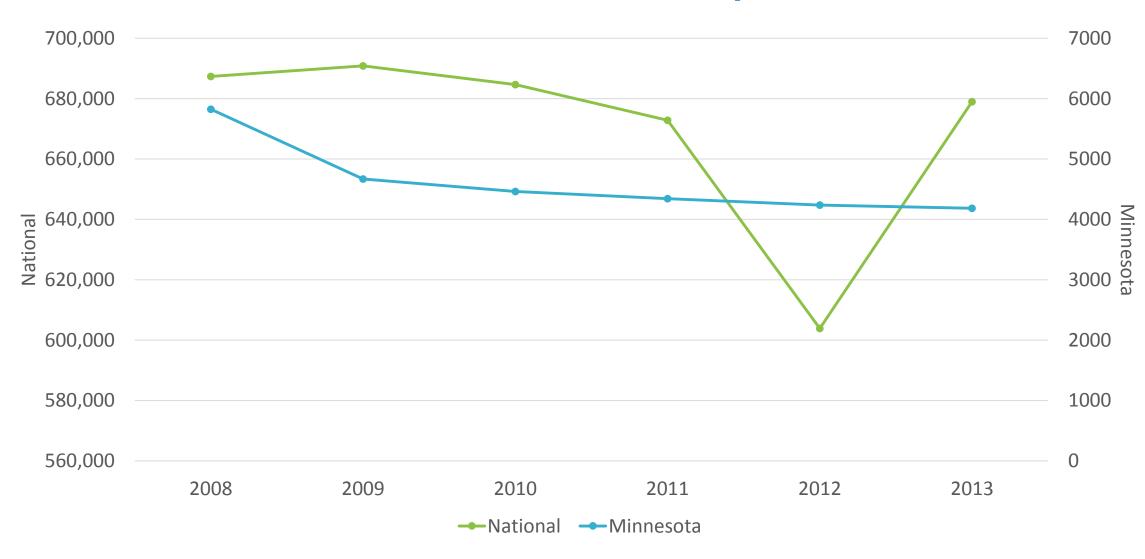
25 State Contextual Subgroup

#### Re-entries to Foster Care within 12 Months

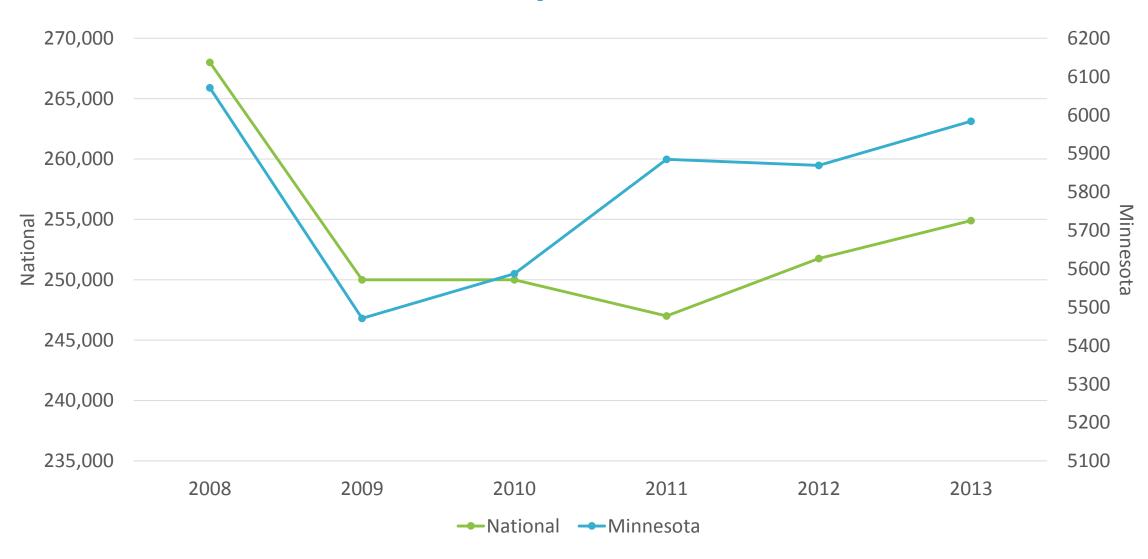




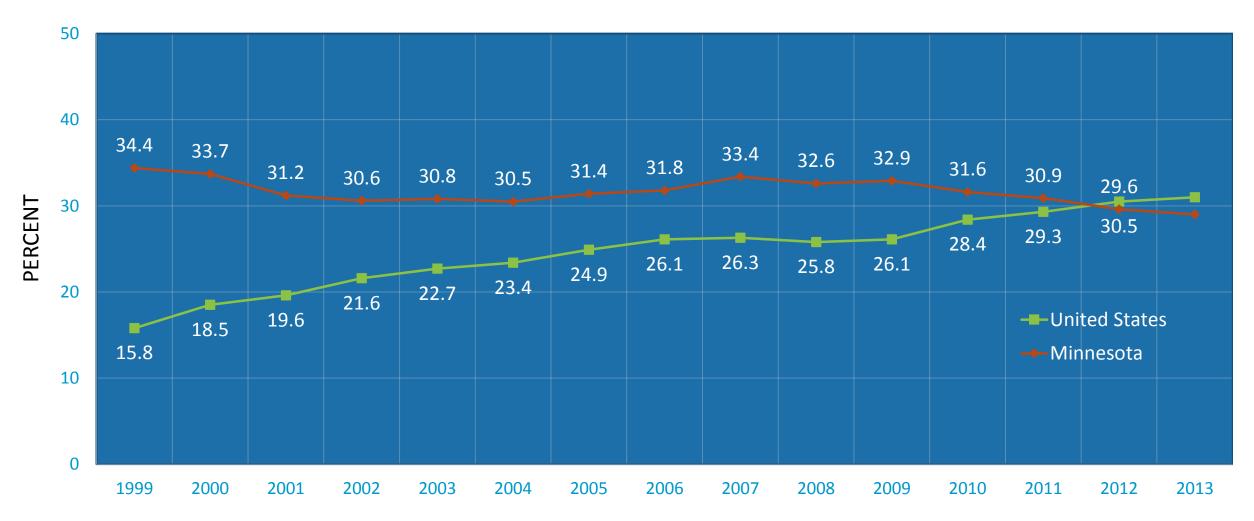
## National Child Welfare Data: Children Who Are Confirmed As Victims Of Maltreatment – Nationally and in Minnesota



## Child Welfare Data: Children entering Foster Care Nationally and in Minnesota



## PARENTAL AOD AS REASON FOR REMOVAL IN THE UNITED STATES AND MINNESOTA 1999-2013

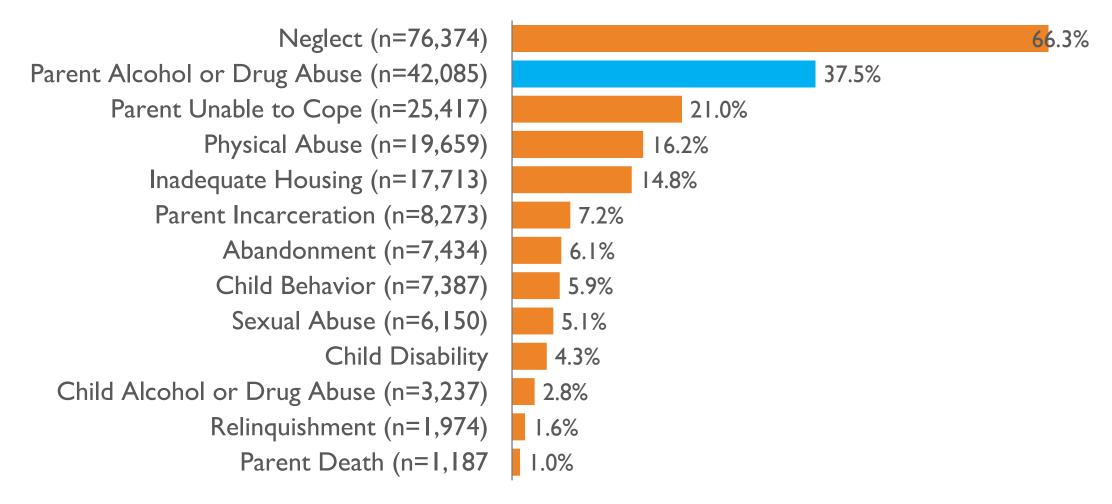


#### Statements of the Problem

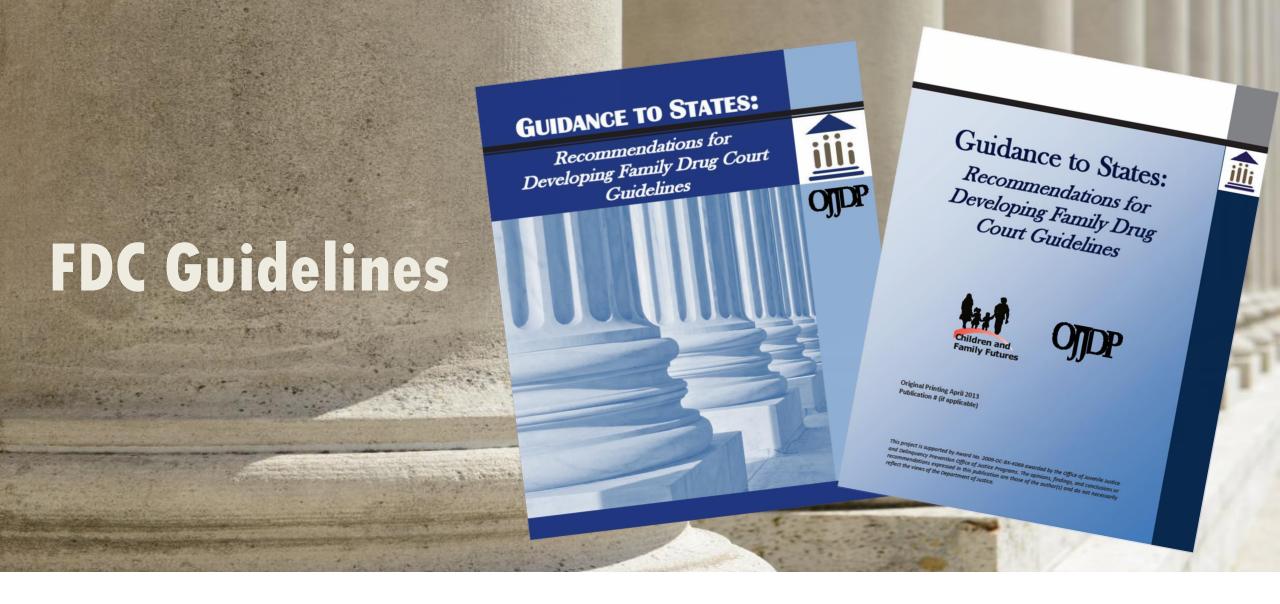
How many children in the child welfare system have a parent in need of treatment?

- Between 60–80% of substantiated child abuse and neglect cases involve substances by a custodial parent or guardian (Young, et al, 2007)
- 61% of infants, 41% of older children who are in out-of-home care (Wulczyn , Ernst and Fisher, 2011)
- 87% of families in foster care with one parent in need; 67% with two (Smith, Johnson, Pears, Fisher, DeGarmo, 2007)

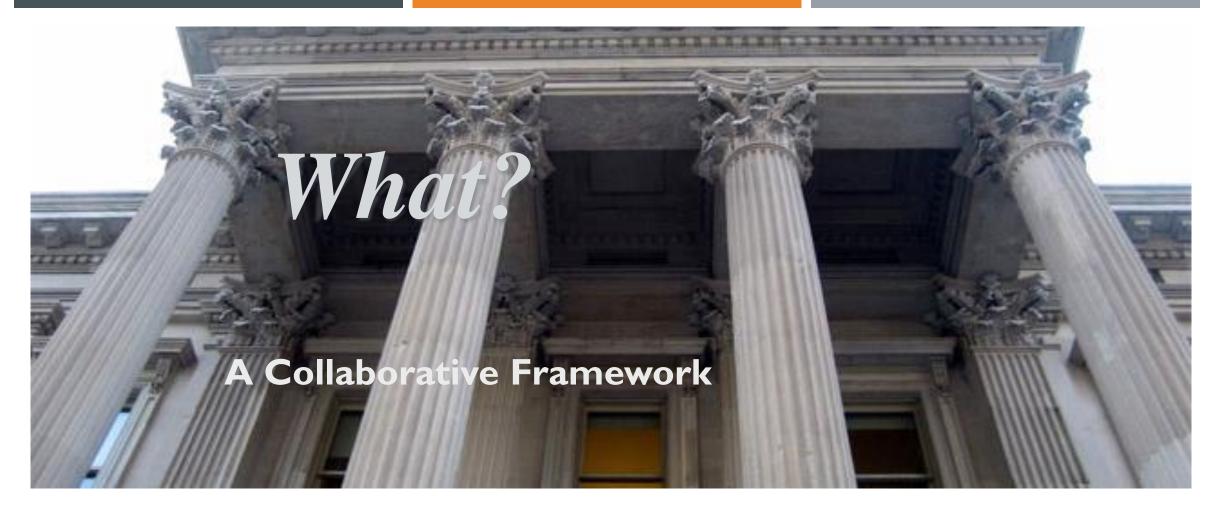
# Percent and Number of Children with Terminated Parental Rights by Reason for Removal — 2013



Source: AFCARS 2013



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A FRAMEWORK: BUILT ON A FOUNDATION OF SHARED MISSION AND VISION, SUPPORTED BY CLIENT SERVICES AND AGENCY COLLABORATION, ACHIEVED BY SHARED OUTCOMES



- CFF with support from OJJDP, in partnership with Federal and State stakeholders
- Crafted guidance document to States for developing FDC guidelines
- Based on research, previous publications, practice-based evidence, expert advisers and existing State standards
- Resource tool for States to clarify FDC principles and develop State guidelines reflecting local and unique needs

#### TEN RECOMMENDATIONS



#### **FDC Recommendations Shared Outcomes Agency** Client **Collaboration Services** Interagency Partnerships • Early Identification & Information Sharing Assessment Cross System Knowledge Needs of Adults Funding & Sustainability Needs of Children Community Support **Shared Mission & Vision**



## #6 Recommendation

#### Address the Needs of Parents

FDC partner agencies encourage parents to complete the recovery process and help parents meet treatment goals and child welfare and court requirements. Judges respond to parents in a way that supports continued engagement in recovery. By working toward permanency and using active client engagement, accountability and behavior change strategies, the entire FDC team makes sure that each parent that the FDC serves has access to a broad scope of services.

Key Component 2: Using a non-adversarial approach

Key Component 4: Access to a continuum of treatment services

Key Component 5: Drug testing

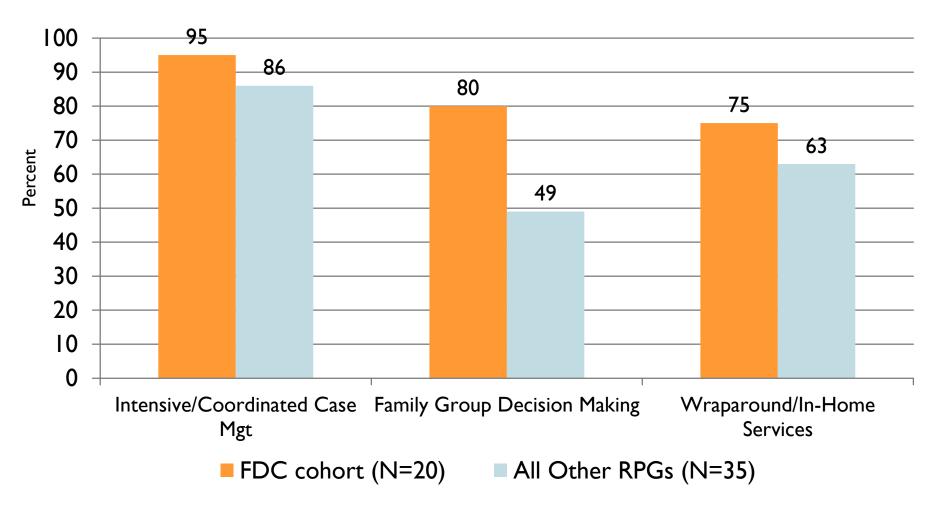
#### **Engaging and Retaining Clients**

- Clients are given phone numbers or lists of resources and instructed to call for assessment
- Clients report lack of understanding with FDC requirements and expectations especially in the beginning
- Lack of consistency in responses to client behavior
- No clear incentives for client participation
- Time of groups; competing priorities (e.g. work vs. FDC requirements)
- Issues of treatment availability and quality





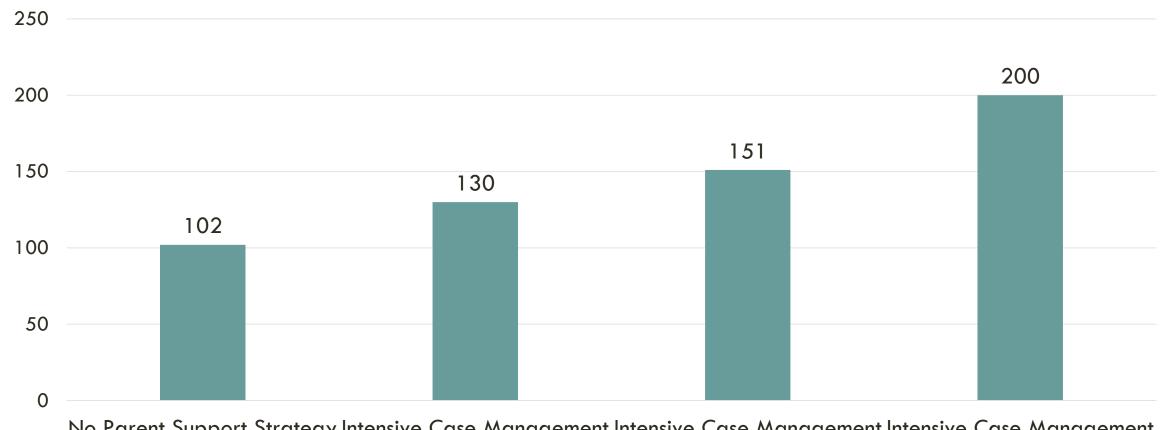
# Case Management, Case Conferencing And Wraparound/In-home Strategies



Note: The total N does not add to 53 as two grantees have both a FTDC program and a non-FTDC intervention; their non-FTDC program is included in "All Other RPGs" count.



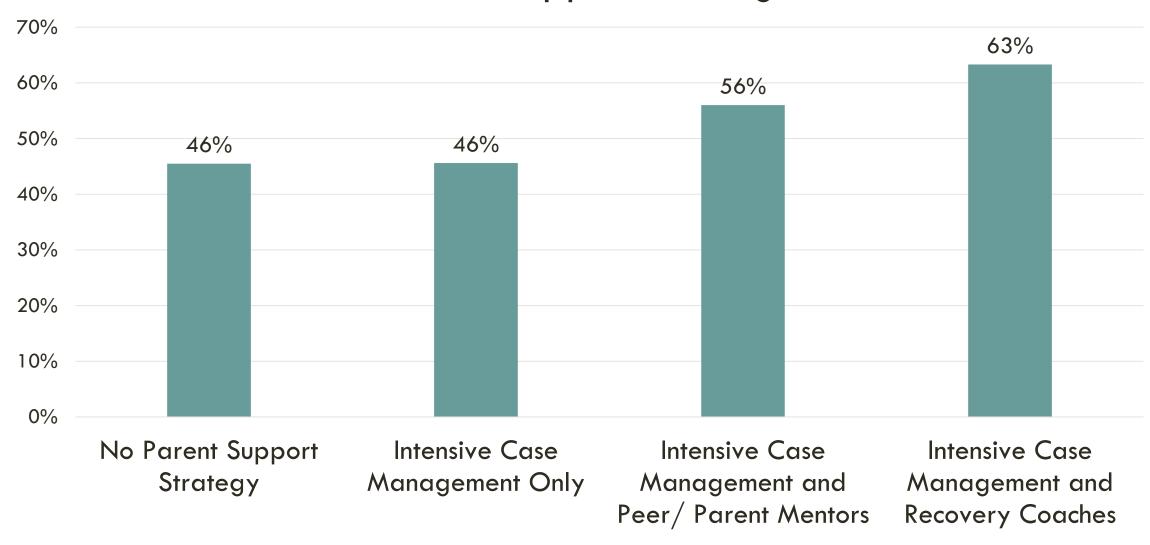
### Median Length of Stay in Most Recent Episode of Substance Abuse Treatment after RPG Entry by Grantee Parent Support Strategy Combinations



No Parent Support Strategy Intensive Case Management Intensive Case Management Intensive Case Management Only and Peer/Parent Mentors and Recovery Coaches

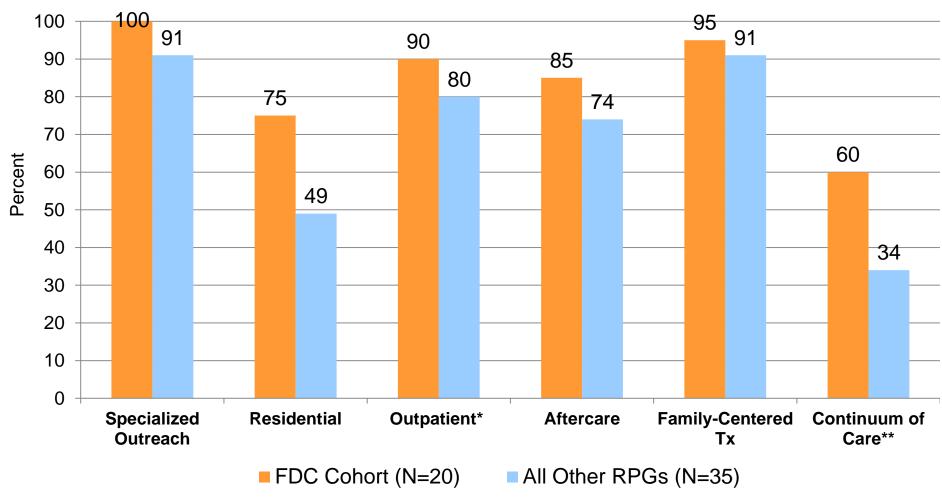


# Substance Abuse Treatment Completion Rate by Parent Support Strategies





#### **Substance Abuse Treatment for Adults**

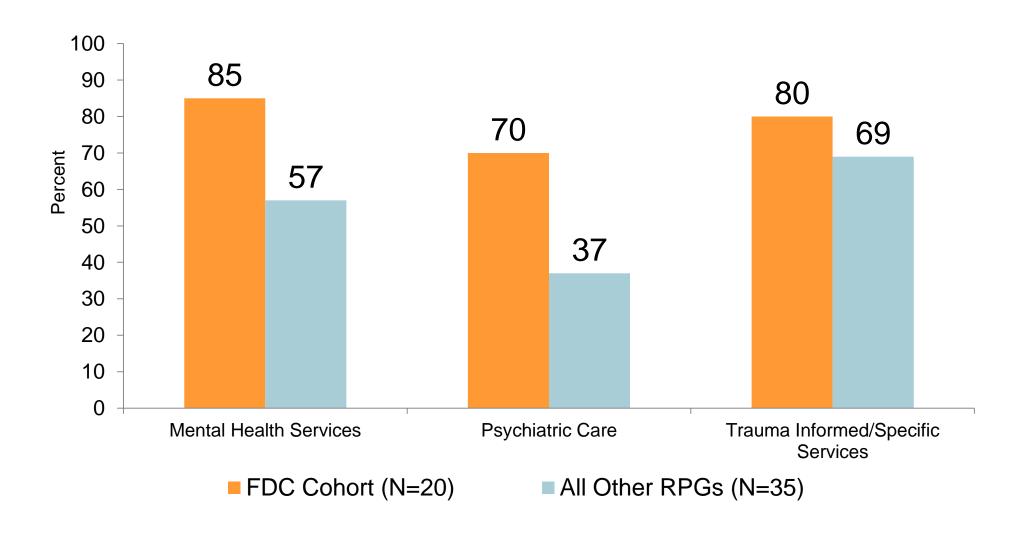


<sup>\*</sup> Outpatient includes: partial hospitalization, intensive outpatient and/or non-intensive outpatient.

<sup>\*\*</sup> Continuum of Care captures grantees doing all of the following: Specialized Outreach + Residential + Outpatient + Aftercare



#### **Mental Health and Trauma**



### **Defining Your Drop off Points (Example)**

2,543 Substantiated cases of neglect and/or abuse due to substance use disorders (1,780 parents)

1,335 Potential participants assessed for treatment (Tx)

25% drop off

Number of participants referred to the FDC 50% drop off= 668

Number admitted to FDC = 348 48% drop off

140 successfully completed

- 60% drop off
  - Payoff

- Substantiated cases with D&N filing based on Minnesota (2013) data
- Drop off percentages estimated based on previous drop off reports
- To be used only as an example



## **#7 Recommendation**

#### Address the Needs of Children

FDCs must address the physical, developmental, social, emotional and cognitive needs of the children they serve through prevention, Intervention, and treatment programs. FDCs must implement a holistic and trauma-informed perspective to ensure that children receive effective, coordinated, and appropriate services.

Key Component 2: Using a non-adversarial approach

Key Component 4: Access to a continuum of treatment services

## **Comprehensive Programs – Children's Services**

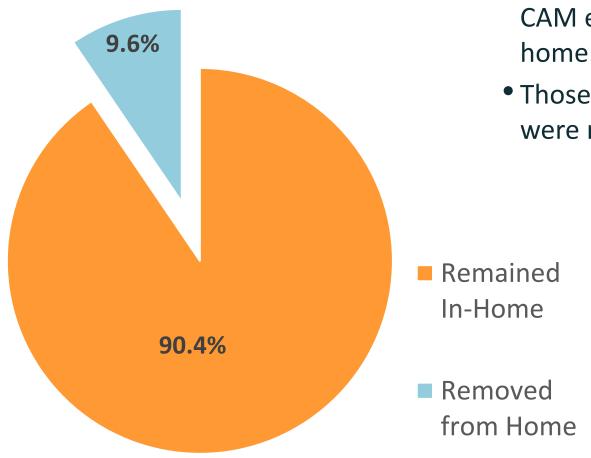


- Very little mention of services to children, though serving the family is one of the primary differences between adult and family drug courts
- A few sites focus on 0-3, 0-5 and Substance Exposed Newborns with partnerships that focus on parent/child interaction and developmental/health programs for young children
- Utilizing CAPTA and Part C partners



# Preliminary Findings: Children Remaining in Home

#### **Children Remain At Home**

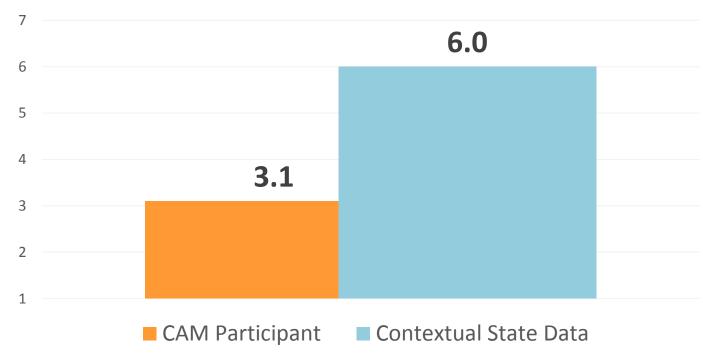


- Nearly all children in-home at CAM entry remained in the home
- Those who were out-of-home were reunified more quickly



#### **Preliminary Findings: Safety**

Percentage of Children who had Substantiated/Indicated Maltreatment within Six Months after CAM Program Enrollment



- No substanceexposed births after CAM entry
- Lower occurrence of maltreatment within six months compared to the average among the six states where CAM grantees are located

## **Collaborative Case Planning**

- 1. Incorporate objectives in the child welfare case plan related to a parent's treatment and recovery.
- 2. Ensure that child welfare case plans and treatment plans do not conflict.
- 3. Joint reviews of case plans with treatment staff and family.
- 4. Share case plans with treatment providers.
- 5. Regularly review a parent's progress to meet goals in the case plan, especially after critical events.
- 6. Identify indicators of a parent's capacity to meet the needs of their children and outcomes of the case plans.
- 7. Regularly monitor progress and share it with treatment staff.





## #10 Recommendation

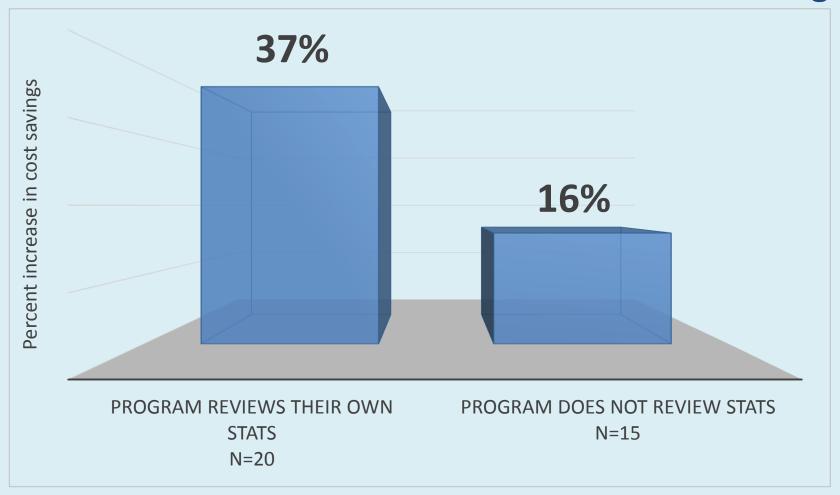
#### **Evaluate Shared Outcomes to Ensure Accountability**

FDCs must demonstrate that they have achieved desired results as defined across partner agencies by agreeing on goals and establishing performance measures with their partners to ensure joint accountability. FDCs develop and measure outcomes and use evaluation results to guide their work. FDCs must continually evaluate their outcomes and modify their programs accordingly to ensure continued success.

Key Component 8: Monitoring and evaluation



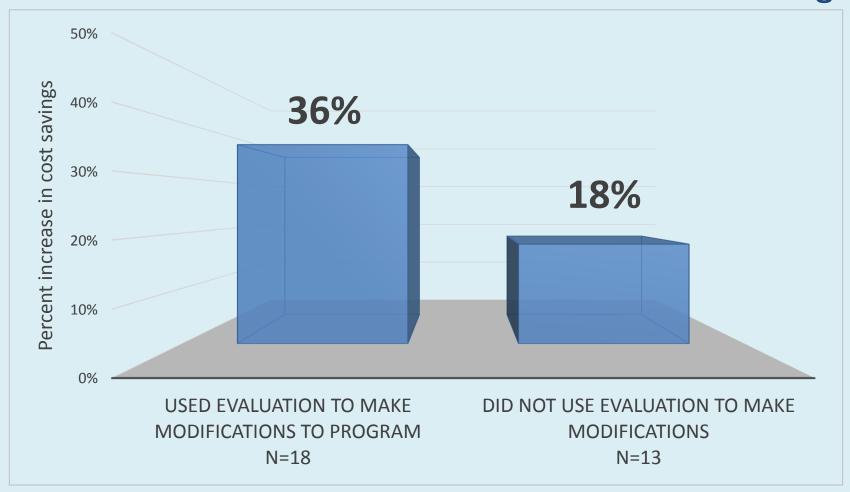
#### #I Drug Courts Where Review of The Data and Stats Has Led to Modifications in Drug Court Operations had a 131% Increase in Cost Savings



Note 1: Difference is significant at p<.05



# #2 Drug Courts Where the Results of Program Evaluations Have Led to Modifications in Drug Court Operations Had a 100% Increase in Cost Savings



Note 1: Difference is significant at p<.05



Q&A and Discussion





- Designed to assist FDC Practitioners in assessing their own policies, procedures and operations based on the FDC Guidelines
- Please contact us: <a href="mailto:fdc@cffutures.org">fdc@cffutures.org</a>

## **Collaborative Practice**



- SAFERR
- Collaborative Practice Model
- Cross-Systems
   Collaboration Primer
- Cross-Systems Data Primer



To download a copy today visit our website:

http://www.cffutures.org/files/publications/FDC-Guidelines.pdf

## Save the Dates!

To for more information, including registration, please visit: www.familydrugcourts.blogspot.com

March 12<sup>th</sup> Building Your FDC - Design or Default?

April 16<sup>th</sup> Leading the Team - So Who Wants to Be an FDC

Coordinator?

May 14<sup>th</sup> Leading from the Front Line - Case Managers

in the FDC and Why You Need Them

June 11<sup>th</sup> Leading Change - Prevention & Family

**Recovery Project** 

Aug. 13<sup>rd</sup> Peer Learning Courts - TED Talks

Sept. 10<sup>th</sup> Leading Change - State System Reform Project

Leading Change 2015

Family Drug Court Learning Academy Webinar Series



FAMILY DRUG COURT PEER LEARNING COURT PROGRAM

#### **CONTACT US FOR MORE INFORMATION:**

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# Wisit FDC Learning Academy Blog

www.familydrugcourts.blogspot.com



- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- 2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
- 3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals



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